

like for that to be done. Thank you very much.

SPEAKER ASKEY: You have heard the request of Dr. Murray that Mr. Read be given unanimous consent to speak to this House.

. . . It was moved, seconded, put to a vote and carried that Mr. Read be given unanimous consent to speak to the House of Delegates. (Remarks of Mr. Read appeared in *CALIFORNIA AND WESTERN MEDICINE*, for June, on page 295.)

CONTAGIOUSNESS OF SCARLET FEVER

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FOR some time it has seemed desirable to obtain more definite data as to the contagiousness of scarlet fever under the different circumstances surrounding families in which one or more cases of this disease occur. Conditions in the Alhambra District of the Los Angeles County Health Department have been such as to favor a study being made to collect such data.

Two hundred and fifty consecutive cases that occurred in the Alhambra District from 1939 to 1943 were reviewed. Of the 250 cases, 231 were treated at home. In this group there were 383 susceptible familial contacts from 6 months to 19 years of age. Of the 383 familial contacts, 60 developed secondary cases of scarlet fever. A secondary case was considered as one occurring 48 hours or longer after the original case.

Of the 250 cases, 19 were treated at the contagious disease hospital or were treated at home and the susceptible childhood contacts taken out. In this group there were 60 susceptible familial childhood contacts, but no secondary cases of scarlet fever occurred.

In the group of 250 cases, there were 550 adults exposed. From this group of contacts six secondary cases developed. In the large group of casual contacts, i.e., extra-familial contacts, no secondary cases occurred. (Table 1.)

SUMMARY

From this survey it is apparent that:

1. One out of every 6 or 7 susceptible childhood contacts within the home will contract scarlet fever during the quarantine period.

2. Secondary cases of scarlet fever may be prevented best by either removing the patient to the contagious disease hospital or removing the susceptible contacts from the patient.

3. Only a small number of adult familial contacts contract the disease, namely between 1 and 2 per cent.

4. The number of cases contracted by casual extra-familial contacts is so small as to be negligible.

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EMERGENCY MATERNITY AND INFANT CARE (E.M.I.C.) PROGRAM*

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EVENTS affecting the administration of E.M.I.C. (Emergency Maternity Infant Care program of the Federal Children's Bureau) have occurred with such rapidity that it has been almost a full-time job to keep up with the procession. Changes in policy of major importance are now being proposed, and since these are suggested by the California Medical Association Committee on E.M.I.C., it is distinctly in order to review the facts that have dictated the actions of C.M.A. official representatives.

At the last meeting of the C.M.A. House of Delegates, a report was accepted calling for decentralization of the E.M.I.C. administration, for supplementing the inadequate subsidy provided, and for elimination of some of the objectionable features in the forms insisted upon by the Federal Children's Bureau. Resolutions were drawn up, setting forth the attitude of California physicians, which were presented to the A.M.A. House of Delegates. The important fact, however, is not that resolutions were presented at Chicago, but that in Los Angeles the southern members of the C.M.A. Maternity-Pediatric Committee approved basic modifications of the program, and, by implication, approved the program when and if these modifications became effective.

Following the above meeting, an opportunity arose of presenting directly to the Children's Bureau the objections of the medical profession of California. E.M.I.C. is no small affair. Approximately one birth in six, in this State, is under E.M.I.C. auspices. Only New York is caring for a larger case-load of service dependents. Hence objections and suggestions from this area should carry considerable influence, if one grants that the Children's Bureau is at all able to judge evidence.

* Report on meetings held in Washington, D. C., on June 4-5, 1944. Report is submitted by request. For cross references on *CALIFORNIA AND WESTERN MEDICINE*, see issues of May, 1944, on page 259, and June, on pages 295 and 305.

In current issue of C. and W. M., see also on page 114.

TABLE 1.—Contagiousness of Scarlet Fever in Relation to Environment

	No. of Cases	No. of Familial Childhood Contacts	No. of Secondary Cases	Per Cent of Secondary Cases	No. of Adults Exposed	No. of Secondary Adult Cases
Treated at Home.....	231	383	60	15.6	500	6
Treated at Contagious Disease Hospital	19	60	0	0	50	0